PAGE 1 / 15

Image# 201604049012218644

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIWI 3X	For Other Than An Au	thorized Committe	e		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	ig, type	12FE4M5	
ASSOCIATION OF AME	RICAN PHYSICIANS AI	ND SURGEONS PO	DLITICAL	ACTION CO	DMMITTEE (AAPS-PAC)
<u> </u>					
ADDRESS (number and street)	Suite 9				
Check if different than previously reported. (ACC)	Tucson			AZ	85716
2. FEC IDENTIFICATION N	UMBER ▼ C	ITY 🛦		STATE A	ZIP CODE ▲
C C00041590			IEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) Nov 20 (M11) (Non-Election Year Only)
April 15 Quarterly Report (July 15 Quarterly Report (October 15	Q1) (c) 12-Day PRE-Election Report for the:	Primary (12P	-	Oct 2 General (
Quarterly Report (January 31 Year-End Report (Flora	ion on	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Repor	on (d) 30-Day POST-Election Report for the:	General (30G	i)	Runoff (3	OR) Special (30S)
(TER)	Elect	ion on			State of
5. Covering Period	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	03	31	2016
I certify that I have examined t Type or Print Name of Treasur	•	of my knowledge and b	pelief it is tru	ue, correct and	I complete.
Signature of Treasurer	nes F Coy	[Electronically	Filed] [Date 04	/ DDD / YDY YDY 2016
NOTE: Submission of false, error	neous, or incomplete informati	on may subject the pers	son signing tl	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date					
(a) Cash on Hand January 1, 2016		15791.38					
(b) Cash on Hand at Beginning of Reporting Period	15791.38						
(c) Total Receipts (from Line 19)	18740.00	18740.00					
(c	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34531.38	34531.38					
To	otal Disbursements (from Line 31)	7679.73	7679.73					
R	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	26851.65	26851.65					
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00						
th	ebts and Obligations Owed BY e Committee (Itemize all on Chedule C and/or Schedule D)	0.00						

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

I. Receipts tions (other than loans) From: viduals/Persons Other in Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii)	COLUMN A Total This Period 12850.00 5890.00 18740.00	COLUMN B Calendar Year-to-Date 12850.00 5890.00
viduals/Persons Other in Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees	5890.00	
In Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees	5890.00	
Unitemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees	5890.00	
Unitemized TOTAL (add Lines 11(a)(i) and (ii)	5890.00	
TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees		5890.00
Lines 11(a)(i) and (ii) tical Party Committees	18740.00	
-		18740.00
	0.00	0.00
er Political Committees	0.00	0.00
ch as PACs)	7	
	18740.00	18740.00
ommittees	0.00	0.00
		0.00
s Received	0.00	0.00
	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	7	
Funds (from Schedulo H5)	0.00	0.00
i i unus (iioiii solleuule ms)		
Transfers (add 18(a) and 18(b))	0.00	0.00
	a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	(iii), (b), and (c)) (Carry als to Line 33, page 5) 18740.00 s From Affiliated/Other committees 0.00 s Received 0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period				
Operating Expenditures: Allocated Endoral (Non-Endoral)		Calendar Year-to-Date			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
_					
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	1679.73	1679.73			
Expenditures	1079.73	1079.73			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	1679.73	1679.73			
2. Transfers to Affiliated/Other Party	1073.70	7			
Committees	0.00	0.00			
Contributions to					
Federal Candidates/Committees and Other Political Committees	6000.00	6000.00			
4. Independent Expenditures					
(use Schedule E)	0.00	0.00			
5. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00				
(use Schedule F)	0.00	0.00			
6 Loop Donovments Made	0.00	0.00			
6. Loan Repayments Made	3.00	0.00			
7. Loans Made	0.00	0.00			
8. Refunds of Contributions To:					
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	0.00	0.00			
40 -44 -45 -45 -45					
(d) Total Contribution Refunds	0.00	0.00			
(add Lines 28(a), (b), and (c))▶		0.00			
9. Other Disbursements	0.00	0.00			
	3.00				
0. Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(") "	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely	0.00	0.00			
With Federal Funds	0.00	5.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
	7				
1. Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7679.73	7679.73			
L					
2. Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	7679.73	7679.73			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 EO 1 01111 3X (11ev. 02/2003)		ı age 3	
III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	18740.00	18740.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18740.00	18740.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1679.73	1679.73	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1679.73	1679.73	

	FOR LINE NUMBER	R: PAGI	PAGE 6 C			
Use separate schedule(s)	(check only one)					
for each category of the Detailed Summary Page	X 11a 11b	11c	12			
	13 14	15	16			

15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

NAME OF COMMITTEE (In Full) ASSOCIATION OF AMERICAN PHYS	ne name and address of any political committee to	
Full Name (Last, First, Middle Initial) Richard Ames Mailing Address 110 Sherwood Rd		Date of Receipt
City	Otata 7in Onda	03 30 2016
City Ridgewood	State Zip Code NJ 07450	Transaction ID : SA11AI.5585
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Memo Item
self	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Stephanie Cave		Date of Receipt
Mailing Address 10562 S Glenstone Place		03 23 2016
City	State Zip Code	Transaction ID : SA11AI.5464
Baton Rouge	LA 70810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
self	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joel S Cohen	1	Date of Receipt
Mailing Address 4826 Braesvalley Dr.		03 31 2016
City Houston	State Zip Code TX 77096	Transaction ID : SA11AI.5453 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation physician	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numbe	er only)	

	FOF	R LINE	NU	IMBER	:	PAGE	Ξ	7 ()F	15
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

or for commercial purposes, other than using	nd Statements may not be sold or used by any peg the name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ASSOCIATION OF AMERICAN PH	YSICIANS AND SURGEONS POLITICAL A	CTION COMMITTEE (AAPS-PAC)
Full Name (Last, First, Middle Initial)	Sv	Date of Receipt
City	State Zip Code	03 30 2016
Cordova	TN 38018	Transaction ID : SA11AI.5583
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer self employed	Occupation neurologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 1. Laura Fisher		Date of Receipt
Mailing Address 1590 Canyon Rd		02 20 _2016 _
City	State Zip Code	Transaction ID : SA11AI.5449
Providence	UT 84332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
self	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Laura Fisher	1	Date of Receipt
Mailing Address 1590 Canyon Rd		03 12 2016
City Providence	State Zip Code UT 84332	Transaction ID : SA11AI.5536 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	4000.00
Name of Employer	Occupation	Memo Item
self	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional	ll)	5300.00
TOTAL This Period (last page this line num	nber only)	

	FOF	R LINE	NU	IMBER	:	PAGE	8 (OF	15
Use separate schedule(s)	(che	eck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		\Box_{17}

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ASSOCIATION OF AMERICAN PHYS	SICIANS AND SURGEONS POLITICAL AC	TION COMMITTEE (AAPS-PAC)
Full Name (Last, First, Middle Initial) Mitchell J Giangobbe Mailing Address 13629 W Camino Del Sol #180 City Sun City West FEC ID number of contributing federal political committee. Name of Employer Grandview Surgical Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code AZ 85375 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 24 2016 Transaction ID: SA11AI.5570 Amount of Each Receipt this Period 250.00 Memo Item
Mailing Address 1841 NW Remarkable Dr City Bend FEC ID number of contributing federal political committee. Name of Employer The Center Orthopedic Receipt For: Primary General Other (specify) ▼	State Zip Code OR 97701 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 23 2016 Transaction ID: SA11AI.5473 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Garry A Johnson Mailing Address 312 Oakridge St City Columbia FEC ID number of contributing federal political committee. Name of Employer State of Missouri Receipt For: Primary Other (specify)	State Zip Code MO 65203 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 03 12 2016 Transaction ID : SA11AI.5534 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional).	•	1500.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: **PAGE** 9 OF 15 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC) Full Name (Last, First, Middle Initial) Mark R Koller Date of Receipt Mailing Address 10216 Antlers Ridge 2016 31 City Zip Code State Transaction ID: SA11AI.5451 MN Eden Prairie 55347 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation self physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. William MacMillan Rodney Date of Receipt Mailing Address 6575 Black Thorn Cove 03 2016 11 City State Zip Code Transaction ID: SA11AI.5487 TN Memphis 38119 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation self physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Vincent P Miraglia Date of Receipt Mailing Address 2398 SE Ocean Blvd, Ste A 30 03 2016 City State Zip Code Transaction ID: SA11AI.5586 FL Stuart 34996 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOF	R LINE	NU	IMBER	PAGE	•	10 O	F	15	
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,		13		14		15		16		1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

NAME OF COMMITTEE (In Full) ASSOCIATION OF AMERICAN PH	IYSICIANS AND SURGEONS POLITICAL A	CTION COMMITTEE (AAPS-PAC)
ASSOCIATION OF AMERICAN PR	I SICIANS AND SUNGEONS POLITICAL A	CHON COMMITTEE (AAPS-PAC)
Full Name (Last, First, Middle Initial) Robert Odell		Date of Receipt
Mailing Address 9632 Grand Isle Ln		03 30 2016
City	State Zip Code	Transaction ID : SA11AI.5587
Las Vegas	NV 89144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
self employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggregate roat to Date ¥	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Sheila Page	ı	Date of Receipt
Mailing Address 401 McDavid Terrace		02 11 2016 _
City	State Zip Code	Transaction ID : SA11AI.5495
Aledo	TX 76008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
self	physician	_
Receipt For:		\dashv
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Tracy Ragland	'	Date of Receipt
Mailing Address 1506 Mahogany Run Driv	ve	02 09 2016
City	State Zip Code	Transaction ID : SA11AI.5504
LaGrange	KY 40014	Amount of Each Receipt this Period
FEC ID number of contributing		250.00
federal political committee.	[C]	250.00 Memo Item
Name of Employer	Occupation	L Mello Relli
self	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 15 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC) Full Name (Last, First, Middle Initial) Joseph W. Rooney Date of Receipt Mailing Address 50635 Stagecoach Rd. 2016 03 24 City Zip Code State Transaction ID: SA11AI.5571 OH East Liverpool 43920 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation self physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dale G Rosin Date of Receipt Mailing Address 129 Grave St 03 24 2016 City State Zip Code Transaction ID: SA11AI.5572 NJ 08876 Somerville Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Dale Rosin, DO, LLC psychiatrist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Alfred N Rossi Date of Receipt Mailing Address 107 Tremont St 03 24 2016 City State Zip Code Transaction ID: SA11AI.5575 IN Hopedale 61747 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

FOR LINE NUMBER: PAGE 12 OF 15 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC) Full Name (Last, First, Middle Initial) Bruce Schlafly Date of Receipt Mailing Address 12315 Federal Dr. 30 2016 03 City Zip Code State Transaction ID: SA11AI.5584 MO St. Louis 63131 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer Occupation Hand Surgery Associates physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert C Villare Date of Receipt Mailing Address 113 Westwood Hill 03 24 2016 City State Zip Code Transaction ID: SA11AI.5573 NJ Woodbury 08096 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation self employed surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) **c.** Joseph H. Worischeck Date of Receipt Mailing Address 8540 E McDowell Rd. #120 03 30 2016 Zip Code City State Transaction ID: SA11AI.5458 ΑZ Mesa 85207 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation self urologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... 12850.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	NUMBER: PAGE 13 OF 15 one)	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) ASSOCIATION OF AMERICAN PHYSICIAN			
Full Name (Last, First, Middle Initial)			Data of Dishurasment
A. National Mailing Services			Date of Disbursement
Mailing Address 1604 S 6th Ave			02 22 2016
	State Zip Code AZ 85713		Transaction ID : SB21B.5445
Purpose of Disbursement			
Postage to send fundraising letter to AAPS member	s	003	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	750.00
	nent For: Primary General Other (specify)	Турс	Memo Item
State: District:			
Full Name (Last, First, Middle Initial) B. National Mailing Services			Date of Disbursement
Mailing Address 1604 S 6th Ave			03 02 2016
Tucson	State Zip Code AZ 85713		Transaction ID : SB21B.5447
Purpose of Disbursement mailing fees for fundraising letter to AAPS members	3	003	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	422.26
President	nent For: Primary General Other (specify) ▼		Memo Item
State: District: Full Name (Last, First, Middle Initial)			
C. PayPal			Date of Disbursement
Mailing Address 2211 N. First Street			03 31 2016
San Jose	State Zip Code CA 95131		Transaction ID : SB21B.5588
Purpose of Disbursement merchant processing fees			Amount of Fook Dichuronant this David
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 170.05
	nent For: Primary General Other (specify)	- JPC	Memo Item
SUBTOTAL of Disbursements This Page (optional)			1342.31
TOTAL This Period (last page this line number only).			

To each category of the Detailed Summary Page Section Page Primary President Primary Primary President Primary Primary Primary President President Primary President Primary President	SCHEDULE B (FEC Form 3X)	Hoo concrete asta dula (-)	FOR LINE I		PAGE 14 OF 15
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Ptil) ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC) Full Name (Last, First, Middle Initial) Skyline Printing Mailing Address 1133 N Jones Bivd City State Zip Code AZ 85716 Purpose of Disbursement printing for fundraising letter to AAPS members Candidate Name Category/ Type Office Sought: House Printing General Printing General Printing of Category Type City State Zip Code Purpose of Disbursement Candidate Name Category Type Memolitem Disbursement Candidate Name Category Type Memolitem Disbursement Candidate Name Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Memolitem State: District: District: State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Category Type Memolitem Amount of Each Disbursement this Period Catego	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 21b	22 23	
NAME OF COMMITTEE (in Full) ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC) Full Name (Last, First, Middle Initial) State City Tusson Az S5716 Furpose of Disbursement President City State City State Sanate Primary Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State City St					
Askyline Printing Mailing Address 1133 N Jones Blvd City State Zip Code AZ 85716 Purpose of Disbursement printing letter to AAPS members Candidate Name Office Sought: House President State: Disbursement Candidate Name Office Sought: House President Printing General Print	NAME OF COMMITTEE (In Full)	•			
Mailing Address 1133 N Jones Blvd City	,			Date of Dishurs	a mant
City	Skyline Printing				
Tucson	Mailing Address 1133 N Jones Blvd			03	04 2016
printing for fundraising letter to AAPS members Candidate Name Category/ Type Amount of Each Disbursement this Period 232.42				Transaction I	D : SB21B.5448
Office Sought:			003	Amount of Eacl	n Disbursement this Period
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Officer of hy	22 X 23 24 25 26 28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full) ASSOCIATION OF AMERICAN PHYSICIAN	IS AND SURGEONS F	POLITICAL AC	TION COMMITTEE (AAPS-PAC)
Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 604			03 15 2016
,	tate Zip Code MD 21014		Transaction ID : SB23.5441
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name ANDREW P HARRIS		Category/ Type	1000.00
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LAKE HAVASU Purpose of Disbursement	AZ 86403		11411546161112 1 622616161
Candidate Name KELLI WARD		O11 Category/ Type	Amount of Each Disbursement this Period 5000.00
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Full Name (Last, First, Middle Initial)			Date of Disbursement
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